



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
DUCK	Stephen	P.	527-8029
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Legal Aid Society of Hawaii			536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Legal Aid Society of Hawaii			536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) <u>Judiciary</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Steph P. Duck</u> (Signature of Lobbyist)	<u>1/25/07</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>WAYNE KEANE</u>	<u>Comptroller</u>
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>Legal Aid Society of Hawaii</u>	<u>536-4302</u>
MAILING ADDRESS (Street)	FAX
<u>924 Bethel Street</u>	<u>527-8088</u>
(City)	(State)
<u>Honolulu</u>	<u>HI</u>
(Zip Code)	
<u>96813</u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>Wayne Keane</u> (Signature of Authorizing Officer or Person Represented)	<u>1/25/07</u> (Date)